U.S. DEPARTMENT OF JUSTICE -	DRUG ENFORCEMENT ADMINI		
TO: (Name, Title, Address (including ZIP CODE), if applicable) Pain (ha) N. Parekh, National Spine and Pain (DEP IDENTIFIER
1150 Professional Court	FILE TITLE		FILED ENTERED LOGGED RECEIVED
Suite P.			10:31 am, May 28 2024
Hagerslown, MD 21740	DATE 5	114/2024	AT BALTIMORE CLERK, U.S. DISTRICT COURT DISTRICT OF MARYLAND
DIVISION/DISTRICT OFFICE		1/2	DISTRICT OF MARYLAND BY R.C. Deputy
Washington Division Hagerstown Resident Office			or <u>recor</u>
	Case #:	1:24-mj-	1167-CDA
I hereby acknowledge receipt of the which was given into my custody b		her item(s),	
AMOUNT or QUANTITY DESCRIPTION OF I	TEM(S)	PURPO	SE (If Applicable)
4 Sample Prescripton & Lo	abel	DEA A	d:t
Original DEA Form	2225		
Original ASC Log			·
Copy of Biennial			
Copy of MD BoP Ins	spection		
Original C-II Dispe	are Cogs		
Organial Order Invoice	9	,	
Original Won-CII C	Sispense Loys		
Copy of Investory A	eport 5/10/2024		
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Original Phomolech Su	Nices Birder		
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Audit of Controlled Suk	ostances		·
Nothing			
Follows			
RECEIVED BY (Signature)	NAME AND TITLE (Prin		son Inausticator
WITNESSED BY (Signature) SPMS Contract A Track A Track	NAME AND TITLE (Prin	nt or Type)	ner Afficit
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